Name in Full: Infant Beauchamp

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Tuckahoe — County: Caroline

Date of death 1904 — Month: 8 — Day: 4 — Age — Years: Stillborn — Months — Days

Sex: Male — Color or Race: white — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ferydericks V. Beauchamp — Father's Birthplace: Md.

Mother's Maiden Name: Lula V. Parker — Mother's Birthplace: Md.

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: Stillborn

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Dat Radway

Address: Fouding Creek Md.

Accident or Suicide?

LIBRARY BUREAU A86016

Name in Full: John W Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Templeville County: Caroline Co

Date of death: Month: Aug. Day: 8th Year: 1904 Age: Years: 40 Months: Days:

Sex: Male Color or Race: White Birthplace: Caroline Co.

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Annie Sharp

Father's Name: Geo. W. Brown Father's Birthplace: Delaware

Mother's Maiden Name: Charlotta Hudson Mother's Birthplace: Caroline Co

Name of person giving Imformation: Geo W Brown How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis How long: 2 Yrs.

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. W. B. Cooper M.D.

Address: Templeville, Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Sally Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsboro County: Caroline

Date of death 1904: Month: Aug Day: 4

Age: Years: 23. Months: 4 Days: 9.

Sex: Female Color or Race: Black Birthplace: Delaware.

Occupation: Housewife Where Residing if not at place of death:

Married, ~~Single~~ or Widowed Name of ~~Wife or~~ Husband: Wm Brown.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Mason Father's Birthplace: Delaware

Mother's Maiden Name: Not known. Mother's Birthplace: —

Name of person giving Imformation: Wm Brown How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Necrosis due to a neglected puerperal phlebitis How long: 4 months.

Immediate: Exhaustion How long: 4 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wolf & Miller

Address: Hillsboro Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Helen Grace Cannon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bridgetown — County: Caroline

Date of death 190 4: Month: Aug — Day: 27

Age: Years: 1 — Months: — Days: 18

Sex: Female — Color or Race: White — Birthplace: Bridgetown

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: David Cannon — Father's Birthplace: Templeville Md

Mother's Maiden Name: Jennie Buckle — Mother's Birthplace: Penn.

Name of person giving Information: Jennie Cannon — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentary — How long: 10 days

Immediate: Exaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H Fenby

Address: Ruthsburg Md

Accident or Suicide?

LIBRARY BUREAU A66010

Name in Full: George Eaton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Ridgely (County) Caroline

Date of death: Month Aug. Day 18 1904

Age: Years 25 Months — Days —

Sex: Male

Color or Race: Blk.

Birthplace: Md.

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed

Name of Wife or Husband: —

Father's Name: John Eaton

Father's Birthplace: Md

Mother's Maiden Name: Sallie Boyce

Mother's Birthplace: Md

Name of person giving Imformation: Walter Gibbs

How related to deceased: Brotherinlaw

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rhthisis Pulmonalis — How long: 6 months

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Madara

Address: Ridgely Md.

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Emma Gibbs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death 1904 — Month: Aug — Day: 3 — Age — Years: 25 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Ridgely Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Walter Gibbs

Father's Name: John Eaton — Father's Birthplace: Dorchester Co

Mother's Maiden Name: Sallie Bias — Mother's Birthplace: Caroline Co

Name of person giving Imformation: John Walter Gibbs — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 6 Months

Immediate: Exhaustion — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Madara

Address: Ridgely Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sallie Gibbs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death: Month: Aug. — Day: 11 — 1904

Age: Years: 1 — Months: 9 — Days:

Sex: Female — Color or Race: Black — Birthplace: Ridgely

Occupation: —

Where Residing if not at place of death: —

~~Married~~ Single or Widowed

Name of Wife or Husband: —

Father's Name: Walter Gibbs — Father's Birthplace: Md.

Mother's Maiden Name: Emma Eaton — Mother's Birthplace: Md

Name of person giving Imformation: Walter Gibbs — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 2 weeks

Immediate: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md

~~Accident or Suicide~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Auther Greathead

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Henderson — County:

Date of death: Month: 8 — Day: 17 — Years: 78 — Months: — Days:

Sex: male — Color or Race: White — Birthplace: England

Occupation: Labor — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: a.w. Houching — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: natural causes — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Corona — Signature of Physician: W.G. Smith M.D.

Address: Maryville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Wm Henry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ridgely — County: Caroline

Date of death | 1907 | Month: Aug | Day: 1 | Age — Years: 75 | Months | Days

Sex: Male | Color or Race: Negro | Birthplace: Maryland

Occupation: Laborer | Where Residing if not at place of death: —

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Aaron Henry | Father's Birthplace: Md

Mother's Maiden Name: Harriet Dixie Cooper | Mother's Birthplace: Md

Name of person giving Imformation: Sylvester Henry | How related to deceased: Bro.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis | How long: 2 years

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: S. S. Stone

Address: Ridgely Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Anna R. Innis

Town

Died at Deutsch

County

Caroline

MARYLAND

Date 1904 Month 8 Day 24

Age Y. 10 M. — D.

Native of Md

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of
Wife

Father's Name Chas Innis

Mother's Name Lottie Innis

Cause of Death { Primary Cholera Infantum

How long sick

{ Immediate

Accident, Suicide, Homicide

Reported by 105 J. H. Nicholas M.D.

Address Deutsch Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full — Certificate of Death

Lela Frances Jester

Died at — Town: Near Preston — County: Caroline — MARYLAND

Date 1904 — Month: Aug. — Day: 27 — Age: Y. 9 M. 10 D. — Native of: Md — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Single~~ / Married — Widow / Widower — Divorced — Number ~~of children~~ living

Husband / Wife of —

Father's Name: John A. Jester — Mother's Maiden Name: Lizzie E. Pool

Cause of Death — Primary: Diarhea — Immediate: Cerebral Meningitis — How long sick: —

Accident, Suicide, Homicide: —

Reported by: J. L. Noble M.D.

Address: Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BLEAU, 79694

Name in Full: Sarah L. Kemp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death 1904: Month: Aug; Day: 1st; Age: Years: 57; Months: 9 ~~10~~; Days: 24

Sex: Female; Color or Race: White; Birthplace: Del.

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Mathew Kemp

Father's Name: Ezekiel Cooper; Father's Birthplace: Del.

Mother's Maiden Name: Louisa Milven; Mother's Birthplace: Del.

Name of person giving Imformation: Fred Kemp; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Tuberculosis; How long: 1 year

Immediate: Tubercular Peritonitis; How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Madara

Address: Ridgely Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Mary Ann Stack.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death: Month: Aug. Day: 30 1904 — Age: Years: 78 Months: 2 Days: 21

Sex: Female. Color or Race: Caucasian. Birthplace: Maryland

Occupation: Where Residing if not at place of death: Phila. Pa.

~~Married, Single,~~ or Widowed. Name of Wife or Husband: John R Stack,

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jonah Kelley. Father's Birthplace: Md.

Mother's Maiden Name: Hester Perry. Mother's Birthplace: Md

Name of person giving Imformation: Chas. a. Stack How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: D. D. Stone

Address: Ridgely Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Annie Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bethlehem — County: Caroline

Date of death 190 4 — Month: Aug — Day: 13 — Years: Age 51 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Baltimore

Married, Single or Widowed — Name of Wife or Husband: Isaac Williams dead

Father's Name: John Campson — Father's Birthplace: Md

Mother's Maiden Name: Julia ~~Foster~~ Lake — Mother's Birthplace: Md

Name of person giving information: William Foster — How related to deceased: Half Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know — How long

Immediate: Apoplexy — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lobb

Address: Preston Md

Accident or Suicide?

LIBRARY BUREAU A88516